

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

SEP 23 1934

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis(No. 4236)

St.

Ward)

2. FULL NAME Herman Elmer Witt(a) Residence, No. 4236 Delmar

(Usual place of abode)

St. 19

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 15 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47814

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Planing Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Knoxville Tenn

FATHER

13. NAME Daniel Witt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

MOTHER

15. MAIDEN NAME Hiac. McBee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT

(ADDRESS)

Mary Witt 4236 Delmar

18. BURIAL, CREMATION, OR REMOVAL

PLACE

White Pine Ia DATE 1-30 1934

19. UNDERTAKER

(ADDRESS)

Marshall and Co 604 N. Main

20. FILE

AUG -1 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-29 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 15 1934 to July 29 1934I last saw him alive on July 29 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Valvular Disease

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J. J. Keener M. D.
4503 Washington Ave

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